



LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

December 30, 2013

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Super C, 501 west 'A' Street requesting a class D liquor license.

This location was previously known as Jackpot which held a class D Liquor license.

Joel Larson has requested that he be approved as the manager of the liquor license.

Mr. Larson is a currently approved liquor license manager

The required training has been completed.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Super C
Street Address #1 501 West "A" Street
Street Address #2 _____
City Lincoln County Lancaster #2 Zip Code 68522
Premise Telephone number (402) 435-8090 E-mail _____

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mailing address (where you want to receive mail from the Commission)

Name Hergert Oil Co.
Street Address #1 6221 South 58th Street, Suite B
Street Address #2 _____
City Lincoln State NE Zip Code 68516

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length Approx. 50' feet

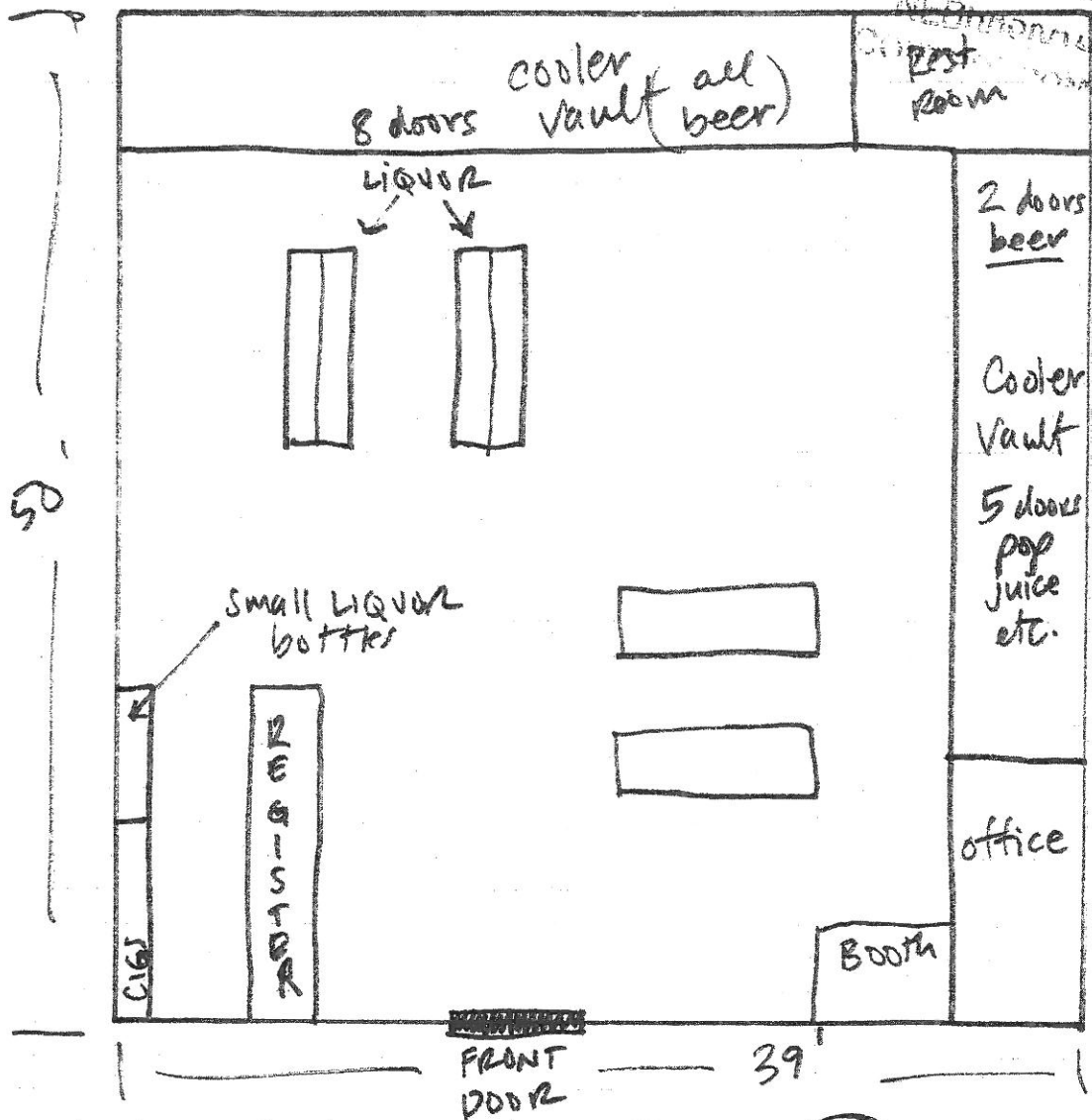
Width Approx. 40' feet

Is there a basement? Yes ☐ No ☒

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

Single story building approximately 50' x 40'

See attached



SUBJECT: 501 West "A"

DATE: _____



APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Daniel Hergert	Approx. 3/73	Lincoln, NE	DUI	Ticket
Daniel Hergert	Approx. 5/73	Lincoln, NE	Being in place where controlled substance being used	Ticket
Daniel Hergert	Various	Various	4-5 speeding tickets	Tickets

2. Are you buying the business of a current retail liquor license?

☒ YES ☐ NO

If yes, give name of business and liquor license number Jackpot Convenience Store #079611, Class D

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many
- c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number see #2 above

4. Are you filing a temporary operating permit to operate during the application process?

☒ YES ☐ NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) _____

**APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Daniel R. Hergert

Name of Corporation that will hold license as listed on the Articles

Hergert Oil Company

00063320

Corporation Address: 6221 South 58th Street, Suite B

City: Lincoln State: NE Zip Code: 68516

Corporation Phone Number: (402) 436-2111 Fax Number: _____

Total Number of Corporation Shares Issued: 42 (21 outstanding)

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Hergert First Name: Dan MI: R

Home Address: 7350 Canyon Road City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: (402) 423-5559

[Signature]
Signature of President/CEO

Daniel Hergert

ACKNOWLEDGEMENT

State of Nebraska
County of Franklin

5th day of Dec. 2013
Date

[Signature]

The foregoing instrument was acknowledged before me this

by Daniel R. Hergert

name of person acknowledge

Affix Seal

GENERAL NOTARY - State of Nebraska
TAMMY L. WAMPLER
My Comm. Exp. Oct. 8, 2017

List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Hergert First Name: Daniel MI: R.

Social Security Number: _____ Date of Birth: _____

Title: Pres., Sec., Treas., Dir., SH Number of Shares 21

Spouse Full Name (indicate N/A if single): Mary J. Hergert

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Larson First Name: Joel MI: B
Home Address (include PO Box if applicable): 2523 Arlene Avenue
City: Lincoln County: Lancaster Zip Code: 68502
Home Phone Number: (402) 261-5586 Business Phone Number: (402) 436-2111
Social Security Number: _____ Drivers License Number & State: NE
Date Of Birth: _____ Place Of Birth: Britton, SD
Email address: joel@superc.net

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Machado-Larson First Name: Jessica MI: L
Social Security Number: _____ Drivers License Number & State: NE
Date Of Birth: _____ Place Of Birth: Lincoln, NE

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS
APPLICANT SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	1992	Present	Lincoln, NE	1977	Present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1993	2000	Mail Boxes, Inc.	Kent & Lee Baue	Unknown
1990	1993	U.S. Marines	S. Sgt. Basil Smith	Unknown

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

☒ YES ☐ NO

IF YES, list the name of the premise(s):

NE License #s 83141 & 83142 -- both Super C stores

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

☒ YES ☐ NO

IN
DATE
OF

20554
COUNTY FILE NUMBER

STATE OF SOUTH DAKOTA
DEPARTMENT OF HEALTH

CERTIFICATE OF LIVE BIRTH

140- 71-

CHILD NAME		FIRST		MIDDLE	LAST	DATE OF BIRTH (MONTH, DAY, YEAR)		BIRTH NUMBER	
1		Joel		Barry	LARSON			26:55 P.M.	
SEX		THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		COUNTY OF BIRTH			
3		Male		Single		5c		Marshall	
CITY, TOWN, OR LOCATION OF BIRTH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)					
5b		Britton		5c Yes		5d		Marshall County Memorial Hospital	
MOTHER—MAIDEN NAME		FIRST		MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH)		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
6a		Lorraine		Alice	Marlow	6b 37		6c South Dakota	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER	
7a		North Dakota		7b Sargent		7c Havana		7d Yes	
FATHER—NAME		FIRST		MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH)		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
8a		Joel			Larson	8b 41		8c North Dakota	
INFORMANT		Lorraine Alice Larson						RELATION TO CHILD	
9a								9b Mother	
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.		DATE SIGNED (MONTH, DAY, YEAR)		ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY)					
10a SIGNATURE		10b March 22, 1971		10c M.D.					
CERTIFIER—NAME		MAILING ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
10d		James Hockenberry, M.D.		10e		Britton, South Dakota 57430			
REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		MONTH		DAY		YEAR	
11a		Carol J. Bender		11b		March 23, 1971			

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY

NEBRASKA